

Case Number:	CM15-0171993		
Date Assigned:	09/14/2015	Date of Injury:	11/26/2004
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old female, who sustained an industrial injury on 11-26-2004. Diagnoses include cervical radiculopathy, sprain-strain of the thoracic spine, chronic pain, lumbar radiculopathy, insomnia, fibromyalgia, and plantar fasciitis. Treatment to date has included diagnostics, medications, H-wave, home exercise, aquatic therapy, (at least 6 visits), ice application, and lumbar transforaminal epidural steroid injection (2-06-2015). Per the Pain Medicine Reevaluation dated 7-13-2015, the injured worker presented for a pain medicine follow-up visit and reexamination. She reported neck pain with radiation and intermittent tingling in the upper extremities and associated temporal headaches. She also reported low back pain with radiation and constant tingling down the lower extremities. She reported insomnia and right buttock pain. She rated her pain level as 4 out of 10 on average since the last visit and 8 out of 10 without medications on average since the last visit. Objective findings included moderately limited range of motion of the cervical spine and moderately to severely limited in the lumbar spine. There was increased pain with flexion and extension. Cervical spine examination revealed myofascial trigger points and tenderness to palpation. Lumbar spine exam revealed spasm and tenderness. Per the medical records dated 2-11-2015, her pain level was rated as 10 out of 10. On 2-23-2015, her pain level was rated as 1 out of 10 with medications and 9 out of 10 without medications. On 3-23-2015, her cervical and lumbar spine ranges of motion were moderately to severely limited. Authorization was requested for aquatic therapy and referral to knee specialist for the right knee. On 8-27-2015, Utilization Review non-certified the request for aquatic therapy (2x6) for the lumbar spine, cervical spine, thoracic spine and right knee citing lack of documented functional improvement with prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aquatic therapy 2 times per week for 6 weeks for the lumbar, cervical and thoracic spine, and the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.